

Voluntary Placement Agreement

For Persons Ages Eighteen to Twenty one Years ☐

For Emancipated Persons Under the Age of Eighteen Years ☐

I, _____ hereby request to remain in the placement responsibility of the _____ County Department of Social Services. I understand that my signature on this agreement gives the _____ County Department of Social Services the authority to continue my placement in foster care and to provide foster care services and other services for which I am eligible.

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I understand that I must remain enrolled in a full-time program of academic or vocational training, or accepted for full-time enrollment for the next term in an academic or vocational program in order to receive foster care services and in order for foster care assistance payments to be paid on my behalf.

I understand that the Department of Social Services has the right to rescind this agreement. I agree to notify the agency and placement provider in advance if I decide to leave school, the vocational program, or foster care. I also understand that this agreement will automatically be ended on my twenty-first birthday.

I maintain the right to rescind this agreement.

Requested by: \_\_\_\_\_ Date \_\_\_\_\_

Accepted by: \_\_\_\_\_ Date \_\_\_\_\_  
Social Worker

Approved by: \_\_\_\_\_ Date \_\_\_\_\_  
Agency Director